

P10000004030

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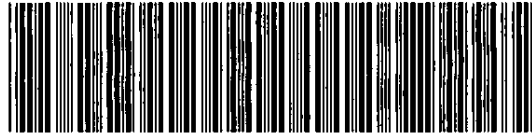
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Monique A. Francis Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000004030

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique A. Francis

Name of Contact Person

Monique A. Francis Inc.

Firm/Company

2426 SW Bayshore Blvd.

Address

Port St. Lucie, FL 34984

City/State and Zip Code

queenmo6282@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique A. Francis

Name of Contact Person

at ( 561 ) 509-4895

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF CORRECTION

for

**Monique A. Francis Inc.**

Name of Corporation as currently filed with the Florida Dept. of State

**P10000004030**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Article VII  
(Document Type Being Corrected)

filed with the Department of State on January 14, 2010  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Clarke Karla

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Karla Clarke

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**Monique A. Francis**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**